

L14000 162686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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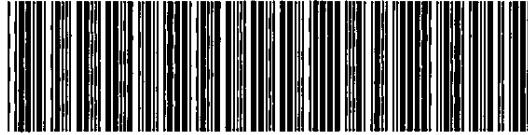
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

NOV 10 2015

J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VL ASSURANCE HOLDINGS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Hirst

\_\_\_\_\_  
Name of Person

Law Offices

\_\_\_\_\_  
Firm/Company

PO Box 952619

\_\_\_\_\_  
Address

Lake Mary FL 32795

\_\_\_\_\_  
City/State and Zip Code

Documents@incorp.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie DeFilippis for InCorp Services, Inc. at ( 800 ) 246-2677

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: VL ASSURANCE HOLDINGS LLC

2. (a) 2500 West Lake Mary Blvd (b) PO BOX 952619

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Suite 208

Lake Mary, FL 32746

Lake Mary, FL 32795

10/20/2014

L14000162686

3. Date of filing/registration in Florida

4. Document number

5. (a) FYV CONSULTING INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7025 Cr 46A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Lake Mary, FL 32746

(b) InCorp Services, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

17888 67th Court North

NEW Registered Office Address:

Loxahatchee, FL 33470

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Gary Hirst

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent on behalf of InCorp Services, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00